
Adult Trauma Emergencies: Amputations

I. All Provider Levels

1. Refer to the Trauma Assessment Protocol.
2. Provide 100% oxygen via NRB. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Control the bleeding, utilizing the following techniques:
 - A. Direct pressure
 - B. Elevation
 - C. Pressure points
 - D. Tourniquet



Note Well: *The tourniquet, a large blood pressure cuff, should only be used as an absolute last resort and only after all other steps have failed to control the bleeding. Document the time the tourniquet was placed.*

4. All efforts should be made to locate the amputated part and transport the appendage with the patient.



Note Well: *Transport of critical patients should not be delayed while attempting to locate an amputated appendage.*

5. Place the limb or appendage in a plastic bag after wrapping it with moist sterile dressings. Place bag inside another bag with ice (if possible) to keep amputated part cool.
6. If the patient is exhibiting signs and symptoms of hypoperfusion, establish an IV of Normal Saline, using largest bore catheter possible and administer fluids by rapid infusion.

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II. Transportation Decision

1. Transport to the closest open appropriate facility



III. The Following Options are Available by Medical Control Only

1. For patients in severe pain and a blood pressure of at least 100 mmHg systolic, consider Morphine Sulfate 2 - 5 mg slow IV push to a maximum dosage of 10 mg.



Note Well: *Reassess every 3 - 5 minutes after administration of morphine sulfate.*